2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# L03000020105

Entity Name: THOMAS W. CONKLIN, LLC

Current Principal Place of Business:

7931 WHITEBRIDGE GLEN
UNIVERSITY PARK, FL 34201

New Principal Place of Business:

7931 WHITEBRIDGE GLEN
UNIVERSITY PARK, FL 34201 US

Current Mailing Address:

7931 WHITEBRIDGE GLEN
UNIVERSITY PARK, FL 34201

New Mailing Address:

7931 WHITEBRIDGE GLEN
UNIVERSITY PARK, FL 34201 US

FEI Number: 55-0834862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONKLIN, THOMAS W
7931 WHITEBRIDGE GLEN
UNIVERSITY PARK, FL 34201 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CONKLIN, THOMAS W
Address: 7931 WHITEBRIDGE GLEN
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CONKLIN, THOMAS W
Address: 7931 WHITEBRIDGE GLEN
City-St-Zip: UNIVERSITY PARK, FL 34201 US

Title: MGRM ( ) Change (X) Addition
Name: CONKLIN, MARY F
Address: 7931 WHITEBRIDGE GLEN
City-St-Zip: UNIVERSITY PARK, FL 34201 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS W CONKLIN MGRM 05/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date